

# CLAIMS ONLY

Application Number

Applicant(s)

Filing Date

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	/					
2		/				
3		/				
4		/				
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49						
50						
Total Indep	3					
Total Depend	16					
Total Claims						

\* May be used for additional claims or amendments

	Indep.		Depend.		Indep.		Depend.	
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100								
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Total Depend								
Total Claims								